



## CULPEPER COUNTY COMMISSIONER OF THE REVENUE BUSINESS REGISTRATION FORM

TERRY L. YOWELL, MCR  
PO BOX 1807  
151 N MAIN ST, SUITE 201  
CULPEPER VA 22701  
PHONE: (540) 727-3443 FAX: (540) 727-3472

**To register your business with Culpeper County, please complete and return this form to the Commissioner's Office.**

Business Start Date in Culpeper: \_\_\_\_\_

Business Name: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Phone Number of Business: (\_\_\_\_) \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Please Check One:

\_\_\_\_ Sole Proprietor \_\_\_\_ Partnership \_\_\_\_ LLC \_\_\_\_ Incorporated \_\_\_\_ Other (explain): \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Contact Person(s) & Phone Number(s): \_\_\_\_\_

### CONSENT TO RECEIVE AND RELEASE:

I, \_\_\_\_\_ (business owner) hereby authorize  
\_\_\_\_\_ as my agent/representative to receive and release confidential information  
related to my business account unless and until revoked in writing to the Commissioner of the Revenue.

I declare that the foregoing information is true, complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Helpful Websites:

[www.irs.gov](http://www.irs.gov)

(federal forms & SS-4 form to obtain Tax ID)

[www.tax.virginia.gov](http://www.tax.virginia.gov)

[www.tax.virginia.gov/taxforms/Business/Registration/R-1.pdf](http://www.tax.virginia.gov/taxforms/Business/Registration/R-1.pdf)

(registration of business name, locations, & tax types)

[www.business.virginia.gov](http://www.business.virginia.gov)

[www.scc.virginia.gov](http://www.scc.virginia.gov)

[web.culpepercounty.gov](http://web.culpepercounty.gov)

### Other County Department Contact Info:

Circuit Clerk of the Court 727-3438  
(fictitious name affidavit)

Location: 135 W Cameron St  
Courthouse

Planning & Zoning 727-3404

Location: 302 N Main St  
Administration Building

Health Department 829-7350

(food preparation and lodging businesses)  
Location: 640 Laurel St (next to hospital)

For Office Use Only:

Date Received: \_\_\_\_\_

Existing Acct #: \_\_\_\_\_

Effective Year: \_\_\_\_\_

Received By: \_\_\_\_\_

New Acct #: \_\_\_\_\_